California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

May 21, 2013

Prepared by: Renae Waneka, MPH Tim Bates, MPP Joanne Spetz, PhD University of California, San Francisco 3333 California Street, Suite 265 San Francisco, CA 94118

TABLE OF CONTENTS

PREFACE	3
DATA SUMMARY – Pre-Licensure Programs	5
Newly Enrolled Nursing Students	5
Students who Completed a Nursing Program	10
Faculty Data	14
Nursing Program Data	21
School Data	33
APPENDICES	39
APPENDIX A – List of Survey Respondents by Degree Program	39
APPENDIX B – Definition List	41
APPENDIX C – BRN Education Issues Workgroup	44

PREFACE

Nursing Education Survey Background

Development of the 2011-2012 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2011 through July 31, 2012. Demographic information and census data were requested for October 15, 2012.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs¹

• 61.2% of pre-licensure nursing programs in California are ADN programs.

Program Type	#	%
ADN	80	56.3%
LVN to ADN	7	4.9%
BSN	39	27.5%
ELM	16	11.3%
Total	142	100%

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students²

- 60.1% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ELM programs had the highest percentage of ethnic minorities (62.1%) as newly enrolled nursing students.

		Program Type					
	ADN	LVN to ADN	BSN	ELM	Total		
Race/Ethnicity	%	%	%	%	%		
Native American	0.8%	0.0%	0.3%	0.8%	0.6%		
Asian	14.2%	14.1%	17.8%	24.8%	16.2%		
Asian Indian	1.0%	9.5%	6.1%	0.1%	3.1%		
Filipino	9.4%	8.0%	11.1%	3.5%	9.7%		
Hawaiian/Pacific Islander	2.0%	2.3%	1.5%	2.3%	1.8%		
African American	6.4%	3.0%	3.9%	12.1%	5.7%		
Hispanic	20.7%	19.8%	16.2%	13.2%	18.5%		
Multirace	2.2%	0.4%	3.8%	4.5%	2.9%		
Other	2.4%	0.4%	0.8%	0.8%	1.6%		
White	41.0%	42.6%	38.4%	37.9%	39.9%		
Total	6,882	263	4,906	774	12,825		
Ethnic Minorities*	59.0%	57.4%	61.6%	62.1%	60.1%		
# Unknown/ unreported	258	8	539	47	852		

^{*}Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

¹ There are 132 schools in California that offer a prelicense nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2011-2012 survey, 132 nursing schools reported data for 142 prelicense programs at 160 different locations.

² The categories used to report the race/ethnicity of students were expanded in 2011-2012 to include more detail (both enrollment & completions data). As a result, race/ethnicity data reported in 2011-2012 may not be directly comparable with previous years.

Gender Distribution of Newly Enrolled Nursing Students

- 21.1% of students who enrolled in a pre-licensure program for the first time were male.
- ADN programs have an above average percentage of males among newly enrolled nursing students.

	Program Type					
	ADN	ADN LVN to ADN BSN			Total	
Gender	%	%	%	%	%	
Male	23.0%	15.8%	19.6%	16.3%	21.1%	
Female	77.0%	84.2%	80.4%	83.7%	78.9%	
Total	7,098	260	5,412	820	13,590	
# Unknown/ unreported	42	11	33	1	87	

Age Distribution of Newly Enrolled Nursing Students³

• 66.3% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

	Program Type					
	ADN	LVN to ADN	BSN	ELM	Total	
Age Group	%	%	%	%	%	
17 – 20 years	2.8%	0.4%	14.2%	0.0%	7.0%	
21 – 25 years	26.2%	22.5%	45.5%	31.9%	33.9%	
26 – 30 years	27.2%	31.4%	20.9%	36.6%	25.4%	
31 – 40 years	27.8%	31.7%	13.9%	23.3%	22.3%	
41 – 50 years	12.5%	10.7%	4.7%	6.7%	9.1%	
51 – 60 years	3.2%	3.0%	0.8%	1.5%	2.2%	
61 years and older	0.3%	0.4%	0.0%	0.0%	0.2%	
Total	7,076	271	5,072	818	13,237	
# Unknown/ unreported	64	0	373	3	440	

Newly Enrolled Students by Degree Type

• The majority (52.2%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Program Type	% Enrollment
ADN	52.2%
LVN to ADN	2.0%
BSN	39.8%
ELM	6.0%
Total	13,677

³ The number of age categories used to report student data was expanded in the 2011-2012 survey. However, this should not affect comparisons with data from previous years.

Newly Enrolled Students by Program Track

- 74.2% of all newly enrolled nursing students are in the generic program track.
- 25.1% of BSN students are enrolled in an accelerated track.

		Program Type						
	ADN LVN to ADN		BSN	ELM	Total			
Program Track	%	%	%	%	%			
Generic	80.8%	0.0%	65.5%	99.9%	74.2%			
Advanced Placement	13.5%	97.8%	5.0%	0.0%	10.9%			
Transfer	0.9%	5.0%	4.3%	0.1%	2.2%			
30-Unit Option	0.3%	2.2%	0.0%	0.0%	0.2%			
Accelerated	4.6%	0.0%	25.1%	0.0%	12.4%			
Total	7,140	271	5,445	821	13,677			

Qualified Applications Accepted and Not Accepted for Admission to California Nursing Programs

- 64.6% of the 38,665 qualified applications to pre-licensure nursing education programs received in 2011-2012 were *not* accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- ADN programs had the highest percentage of qualified applications not accepted for admission.

	Program Type						
	ADN	ADN LVN to ADN BSN ELM Total					
Qualified Applications*	23,494	419	12,387	2,365	38,665		
% Accepted	30.4%	64.7%	44.0%	34.7%	35.4%		
% Not Accepted	69.6%	35.3%	56.0%	65.3%	64.6%		

^{*}Since the data represent applications and not individual applicants, the number of applications is presumably greater than the number of individuals applying to nursing school.

Percentage of Nursing Student Admission Spaces Filled

- As in recent years pre-licensure nursing programs admitted more students in 2011-2012, overall, than the number of admission spaces that were available.
- 68 pre-licensure programs (47.9% of total) reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

	Program Type					
	ADN	ADN LVN to ADN BSN ELM To				
Spaces Filled	7,140	271	5,445	821	13,677	
Spaces Available	6,272	278	4,995	846	12,391	
% Spaced Filled	113.8%	97.5%	109.0%	97.0%	110.4%	

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- 14.5% of admission spaces (n=1,802) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2011-2012, 22.4% (n=1,403) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 81.6% of these 1,403 supported spaces were the result of grant funding.

	Program Type					
	ADN LVN to ADN BSN ELM					
Spaces Available	6,272	278	4,995	846	12,391	
% Supported by Donor Partners	4.1%	0.0%	4.4%	0.0%	3.8%	
% Supported by Grants	18.3%	19.1%	2.5%	0.4%	10.7%	

Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2012, a total of 25,790 nursing students were enrolled in a California nursing program that leads to RN licensure.
- 47.5% of these nursing students were enrolled in a BSN program.

	Program Type						
	ADN	ADN LVN to ADN BSN ELM Total					
Total Nursing Students	11,638	222	12,248	1,682	25,790		

Ethnic Distribution of Nursing Student Census Data[†]

- Overall, 60.7% of students enrolled in a pre-licensure nursing program as of October 15, 2012 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the BSN level (62.7% of all students enrolled in a BSN program).

	Program Type						
	ADN	LVN to ADN	BSN	ELM	Total		
Race/Ethnicity	%	%	%	%	%		
Native American	0.8%	0.0%	0.4%	0.5%	0.6%		
Asian	14.4%	10.1%	17.9%	24.7%	16.6%		
Asian Indian	0.7%	12.3%	5.1%	2.2%	2.9%		
Filipino	9.0%	16.2%	12.7%	3.3%	10.4%		
Hawaiian/Pacific Islander	1.5%	0.6%	2.5%	1.7%	1.9%		
African American	6.1%	1.7%	3.5%	9.7%	5.1%		
Hispanic	21.7%	15.1%	16.2%	12.7%	18.6%		
Multirace	1.7%	0.6%	3.5%	4.9%	2.7%		
Other	2.9%	0.0%	0.9%	1.2%	1.9%		
White	41.1%	43.6%	37.3%	39.1%	39.2%		
Total	11,286	179	10,780	1,556	23,801		
Ethnic Minorities*	58.9%	56.4%	62.7%	60.9%	60.7%		
# Unknown/ unreported	352	43	1,468	126	1,989		

^{*}Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

[†]These data were collected for the first time in 2011-2012.

Gender Distribution of Nursing Student Census Data[†]

- Men represented 19.3% of all students enrolled in a pre-licensure nursing program as of October 15, 2012.
- LVN to ADN, and ELM programs had a below average percentage of men among enrolled pre-licensure nursing students.

	Program Type					
	ADN	ADN LVN to ADN BSN ELM Total				
Gender	%	%	%	%	%	
Male	19.8%	14.4%	19.5%	15.4%	19.3%	
Female	80.2%	85.6%	80.5%	84.6%	80.7%	
Total	11,632	222	11,973	1,677	25,504	
# Unknown/ unreported	6	0	275	5	286	

[†]These data were collected for the first time in 2011-2012.

Age Distribution of Nursing Student Census Data[†]

• 69.6% of students enrolled in a pre-licensure nursing program as of October 15, 2012 were younger than 31 years old.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	2.0%	0.0%	13.6%	0.0%	7.2%
21 – 25 years	28.0%	28.0%	50.9%	27.8%	38.5%
26 – 30 years	27.1%	24.8%	18.3%	40.3%	23.9%
31 – 40 years	28.1%	29.8%	12.1%	23.4%	20.4%
41 – 50 years	11.8%	12.8%	4.6%	7.5%	8.1%
51 – 60 years	2.8%	4.6%	0.8%	1.0%	1.8%
61 years and older	0.2%	0.0%	0.0%	0.2%	0.1%
Total	11,540	218	11,326	1,567	24,651
# Unknown/ unreported	98	4	922	115	1,139

[†]These data were collected for the first time in 2011-2012.

Students who Completed a Nursing Program

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 57.6% of students who completed a pre-licensure nursing program were ethnic minorities.
- LVN to ADN programs continue to have the greatest share of ethnic minorities (63.8%) among students who completed a nursing program.

			Program Type		
	ADN	LVN to ADN	BSN	ELM	Total
Race/Ethnicity	%	%	%	%	%
Native American	0.8%	0.0%	0.5%	0.6%	0.7%
Asian	13.5%	10.3%	21.1%	19.1%	16.4%
Asian Indian	1.3%	9.9%	3.1%	1.0%	2.1%
Filipino	9.4%	16.0%	11.0%	6.4%	9.9%
Hawaiian/Pacific Islander	1.8%	0.5%	1.2%	2.4%	1.6%
African American	6.5%	2.8%	4.0%	6.8%	5.6%
Hispanic	20.4%	20.7%	12.7%	17.2%	17.6%
Multirace	1.3%	2.3%	2.3%	2.6%	1.7%
Other	2.7%	1.4%	0.9%	2.0%	2.0%
White	42.3%	36.2%	43.1%	42.0%	42.4%
Total	5,701	213	3,430	717	10,061
Ethnic Minorities	57.7%	63.8%	56.9%	58.0%	57.6%
# Unknown/ unreported	233	15	466	39	753

^{*}Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

Gender Distribution of Students who Completed a Nursing Program

- 17.0% of all students who completed a pre-licensure nursing program were male.
- A greater share of males completed ADN programs compared to other prelicensure programs.

	Program Type					
	ADN	ADN LVN to ADN BSN ELM To				
Gender	%	%	%	%	%	
Male	17.5%	14.9%	16.4%	16.8%	17.0%	
Female	82.5%	85.1%	83.6%	83.2%	83.0%	
Total	5,932	228	3,886	756	10,802	
# Unknown/ unreported	2	0	10	0	12	

Age Distribution of Students who Completed a Nursing Program

- 62.6% of students who completed a pre-licensure nursing program in 2011-2012 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (16.3%), or an ADN program (16.2%).
- Approximately one-half (50.3) of the students who completed a BSN program were younger than 26 years of age, compared to 32.7% of students in all programs.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	0.8%	0.0%	2.4%	0.0%	1.3%
21 – 25 years	22.7%	22.1%	47.9%	19.9%	31.4%
26 - 30 years	28.9%	32.6%	27.8%	50.1%	29.9%
31 – 40 years	31.4%	28.9%	15.6%	21.0%	25.1%
41 – 50 years	13.4%	14.2%	4.8%	6.6%	10.0%
51 – 60 years	2.7%	2.1%	1.3%	2.3%	2.2%
61 years and older	0.1%	0.0%	0.2%	0.2%	0.1%
Total	5,811	190	3,636	663	10,300
# Unknown/ unreported	123	38	260	93	514

Student Completions by Degree Type

 ADN programs are the largest segment of pre-licensure nursing programs and ADN graduates represented 54.9% of all students who completed a pre-licensure nursing program in 2011-2012.

Program Type	% Enrollment
ADN	54.9%
LVN to ADN	2.1%
BSN	36.0%
ELM	7.0%
Total	10,814

Student Completions by Program Track

- 74.7% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (16.6%) complete the program in an accelerated track.
- ADN programs had the highest share of advanced placement and readmitted students.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Program Track	%	%	%	%	%
Generic	74.6%	0.0%	74.2%	99.7%	74.7%
Advanced Placement	13.9%	97.4%	4.2%	0.0%	11.2%
Transfer	0.7%	0.0%	4.4%	0.0%	2.0%
30-Unit Option	0.5%	0.4%	0.0%	0.0%	0.3%
Readmitted	6.0%	2.2%	0.6%	0.3%	3.6%
Accelerated	4.1%	0.0%	16.6%	0.0%	8.2%
Total	5,934	228	3,896	756	10,814

Completion, Retention and Attrition Data

• The overall attrition rate for pre-licensure nursing education programs in California was 14.5% in 2011-2012.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	5,748	259	2,822	766	9,595
Completed On-time	4,269	226	2,394	681	7,570
Still Enrolled	437	10	155	29	631
Dropped Out	1,042	23	273	56	1,394
Completed Late	291	18	117	9	435
Retention Rate*	74.3%	87.3%	84.8%	88.9%	78.9%
Attrition Rate**	18.1%	8.9%	9.7%	7.3%	14.5%

^{*}Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

- The attrition rate for accelerated tracks within nursing programs was 5.6% in 2011-2012.
- Accelerated BSN programs had a comparatively low attrition rate at 5.4%.

	Program Type [†]			
	ADN	BSN	Total	
Students Scheduled to	270	1,011	1,281	
Complete the Program	270	1,011	1,201	
Completed On-time	247	909	1,156	
Still Enrolled	6	47	53	
Dropped Out	17	55	72	
Completed Late	14	58	72	
Retention Rate*	91.5%	89.9%	90.2%	
Attrition Rate**	6.3%	5.4%	5.6%	

^{*}Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

^{**}Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

^{**}Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program

[†]LVN to ADN and ELM programs are excluded because (1) none of these programs reported attrition data for the accelerated track and (2) they are considered accelerated by definition.

Employment of Recent Nursing Program Graduates⁴

- On average, 61.1% of recent RN graduates employed in nursing in October 2012 were working in hospitals.
- Graduates of LVN to ADN programs were the least likely to work in hospitals (48.6%), while graduates of BSN programs were the most likely (72.3%).
- State-wide, 17.5% of nursing students were unable to find employment by October 2012, with ADN programs reporting the highest share of recent graduates (21.7%) unable to find employment.
- Nursing schools reported that 69.6% of their recent RN graduates employed in nursing, were employed in California.

	ADN	LVN to ADN	BSN	ELM	Total
Employment Location	%	%	%	%	%
Hospital	54.3%	48.6%	72.3%	68.3%	61.1%
Long-term care facility	10.8%	13.3%	5.4%	2.2%	8.3%
Community/Public Health Facility	3.5%	3.8%	3.8%	3.6%	3.6%
Other Healthcare Facility	6.0%	13.5%	3.1%	3.4%	5.2%
Other setting	3.7%	13.7%	2.9%	6.3%	4.2%
Unable to find employment	21.7%	7.1%	12.5%	16.2%	17.5%

⁴ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2011-2012, on average, the employment setting was unknown for 21% of recent graduates.

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2012, there were 4,119 nursing faculty⁵. The majority are part-time faculty (63.9%, n=2,631).
- The faculty vacancy rate in pre-licensure nursing programs is 7.9% (355 vacant positions).

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	4,119	355	7.9%
Full-time Faculty	1,488	160	9.7%
Part-time Faculty	2,631	195	6.9%

 Nearly all full-time and most part-time faculty are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Funding of Faculty Positions*	% Full-time Faculty	% Part-time Faculty
Budgeted positions	96.6%	85.5%
100% external funding	2.1%	12.4%
Combination of the above	1.3%	2.1%
Total Faculty	1,488	2,631

• The majority of full-time faculty (77.6%) teach both clinical and didactic courses, while the majority of part-time faculty (82.3%) teach clinical courses only.

Teaching Assignment	% Full-time Faculty	% Part-time Faculty
Clinical courses only	10.1%	82.3%
Didactic courses only	12.3%	6.5%
Clinical & didactic courses	77.6%	11.1%
Total Faculty	1,488	2,631

.

⁵ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

Faculty for Next Year

- 47.3% of schools reported that their externally funded positions will continue to be funded for the 2012-2013 academic year.
- 123 schools reported that they have budgeted for 387 new faculty positions in the 2012-2013 academic year.

External Funding for Faculty Next Year	% Schools
Will continue	47.3%
Will not continue	2.3%
Unknown	13.2%
Not applicable	37.2%
Number of schools reporting	129

Faculty Demographic Data⁶

• Nursing faculty remain predominately white (64.8%) and female (90.2%).

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	5.8%
Asian Indian	0.7%
Filipino	7.7%
Hawaiian/Pacific Islander	0.7%
African American	8.7%
Hispanic	8.5%
Multirace	1.3%
Other	1.2%
White	64.8%
Number of faculty	3,791
Ethnic Minorities*	35.2%
Unknown/unreported	328

Gender
 % Faculty

 Men
 9.8%

 Women
 90.2%

 Number of faculty
 4,009

 Unknown/unreported
 110

^{*}Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

⁶ The race/ethnicity and age group categories used to report faculty data were expanded in 2011-2012 to include more detail. As a result, data reported in 2011-2012 may not be directly comparable with previous years.

• More than one-third (34.3%) of all faculty are older than 55 years of age.

Age Group	% Faculty		
30 years or younger	4.6%		
31 – 40 years	18.0%		
41 – 50 years	24.5%		
51 – 55 years	18.5%		
56 – 60 years	17.6%		
61 – 65 years	11.3%		
66 – 70 years	3.6%		
71 years and older	1.8%		
Number of faculty	3,594		
Unknown/unreported	525		

Education

- On October 15, 2012, almost all full-time faculty (95.1%) held a master's or doctoral degree, while only 61.3% of part-time faculty held either of those degrees.
- 9.2% of all active faculty (n=379) were reported as pursuing an advanced degree as of October 15, 2012.

Highest Degree Held	% Full-time Faculty	% Part-time Faculty	
Associate degree in nursing (ADN)	1.2%	6.7%	
Baccalaureate degree in nursing (BSN)	3.5%	31.0%	
Non-nursing baccalaureate	0.1%	1.0%	
Masters degree in nursing (MSN)	64.6%	51.7%	
Non-nursing masters	3.1%	2.8%	
PhD in nursing	14.5%	2.4%	
Doctorate of Nursing Practice (DNP)	4.5%	1.3%	
Other doctorate in nursing	2.0%	0.3%	
Non-nursing doctorate	6.4%	2.8%	
Number of faculty	1,474	2,542	
Unknown/unreported	14	89	

Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations and program policies were the most frequently reported methods used to prepare part-time faculty to teach.
- Specific orientation programs and mentoring programs were also frequently reported methods.

Methods	% Schools
Faculty orientation	92.2%
Program policies	82.9%
Specific orientation program	78.3%
Mentoring program	76.0%
Administrative policies	70.5%
Curriculum review	64.3%
Teaching strategies	62.0%
External training program	12.4%
Other	10.1%
None	1.6%
Number of schools that reported	129

Faculty Attrition

- 129 schools reported a total of 148 full-time and 188 part-time faculty members as having retired or left the program in 2011-2012.
- Programs reported an additional 138 faculty members are expected to retire or leave the school in 2012-2013.
- The most frequently cited reason for having a faculty member leave the program in 2011-2012 was retirement.

Reason for Faculty Leaving	% Schools
Retirement	54.3%
Resigned	33.3%
Career advancement	21.0%
Termination (or requested resignation)	18.5%
Relocation of spouse or other family obligation	13.6%
Return to clinical practice	12.3%
Salary/Benefits	7.4%
Workload	4.9%
Layoffs (for budgetary reasons)	1.2%
Unknown	8.6%
Number of schools that reported	81
Number of schools that gave no reason	19

Faculty Hiring

- 102 schools reported hiring a total of 668 faculty members (150 full-time and 518 part-time) between August 1, 2011 and July 31, 2012.
- 36.4% (n=243) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (72%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 71% had experience teaching at another nursing school.
- 37% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 34 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2011 and July 31, 2012, and 70.6% (n=24) of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Characteristics of Newly Hired Faculty	% Schools
Experience teaching as a nurse educator in a clinical setting	72.0%
Experience teaching at another nursing school	71.0%
Completed a graduate degree program in last two years	55.0%
Experience student teaching while in graduate school	40.0%
No teaching experience	37.0%
Experience teaching in a setting outside of nursing	27.0%
Number of schools that hired faculty	102

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (79%).
- Less than one-quarter (21%) of the schools that hired faculty reported that the hiring was due to program expansion.

Reasons for Hiring Faculty	% Schools
To replace faculty that retired or left the program	79.0%
Due to program expansion	21.0%
To fill longstanding faculty vacancies (positions vacant for more than one year)	31.0%
To reduce faculty workload	23.0%
Number of schools that hired faculty	102

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials and noncompetitive salaries were the most frequently reported barriers to faculty recruitment.
- Approximately 30% of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 16% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Barriers to Recruiting Faculty	% Schools
Insufficient number of faculty applicants with required credentials	73.4%
Non-competitive salaries	71.0%
Workload (not wanting faculty responsibilities)	29.8%
BRN rules and regulations	21.0%
Overall shortage of RNs	16.1%
Private, state university or community college laws, rules or policies	15.3%
Other	12.9%
No barriers	7.3%
Number of schools that reported	124

Difficult to Hire Clinical Areas

- Approaching one-half of schools reported finding it difficult to recruit new faculty to fill
 positions in Pediatrics (46.4%) and Psych/Mental Health (44.0%).
- 19% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Clinical Areas	% Schools
Pediatrics	46.4%
Psych/Mental Health	44.0%
Obstetrics/Gynecology	35.2%
Medical-surgical	28.8%
Critical Care	10.4%
Geriatrics	8.8%
Community Health	4.0%
Other	4.0%
No clinical areas	19.2%
Number of schools that reported	125

Faculty Salaries

• On average, full-time faculty with doctoral degrees earn more than those with master's degrees.

Lowest Salary Paid for Full-Time Faculty by Degree Type						
Highest Degree Held by	\$/	\$/ Academic Year			/ Calendar Y	ear
Faculty Member	Low	Average	High	Low	Average	High
Master's Degree	\$42,000	\$61,728	\$95,899	\$30,000	\$72,097	\$106,000
Doctoral Degree	\$47,000	\$76,520	\$108,607	\$40,000	\$78,142	\$156,206

Highest Salary Paid for Full-Time Faculty by Degree Type										
Highest Degree Held by \$/ Academic Year				\$/ Calendar Year						
Faculty Member	Low	Average	High	Low	Average	High				
Master's Degree	\$51,000	\$85,994	\$133,000	\$40,000	\$89,803	\$130,000				
Doctoral Degree	\$63,000	\$98,138	\$143,535	\$50,000	\$109,420	\$189,010				

Nursing Program Data

Program Offerings

- Overall, most nursing programs (90.4%, n=123) offered a traditional nursing program in 2011-2012
- Accelerated and extended education programs were the most commonly reported nontraditional programs offered at nursing schools.
- None of the programs that reported an accelerated track offer it via distance education.

	Program Type								
	ADN	ADN LVN to ADN		ELM	Total				
Program Offerings	%	%	%	%	%				
Traditional Program	98.7%	85.7%	83.3%	64.3%	90.4%				
Accelerated Track	2.5%	0.0%	36.1%	57.1%	16.9%				
Extended Campus	7.6%	0.0%	11.1%	7.1%	8.1%				
Evening Program	5.1%	0.0%	2.8%	0.0%	3.7%				
Weekend Program	5.1%	0.0%	2.8%	0.0%	3.7%				
Distance Education	2.5%	0.0%	5.6%	0.0%	2.9%				
Contract Education	2.5%	0.0%	0.0%	0.0%	1.5%				
Collaborative/Shared Education	1.3%	14.3%	0.0%	0.0%	1.5%				
Part-time Program	0.0%	0.0%	0.0%	0.0%	0.0%				
Other	2.5%	14.3%	2.8%	7.1%	3.7%				
Number of programs that reported	79	7	36	14	136				

Frequency of Student Admission

 Although most nursing programs admit students twice per year, LVN to ADN and ELM programs typically admit students once per year.

	Program Type								
Frequency of	ADN	LVN to ADN	BSN	ELM	Total				
Student Admission	%	%	%	%	%				
Once per year	30.4%	71.4%	40.5%	62.5%	38.8%				
Twice per year	64.6%	0.0%	35.1%	25.0%	48.9%				
Three times per year	5.1%	28.6%	5.4%	6.3%	6.5%				
Other	0.0%	0.0%	18.9%	6.3%	5.8%				
Number of programs that reported	79	7	37	16	139				

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was also an important criterion for ADN, LVN to ADN, and BSN programs.
- A significant share of BSN and ELM program wrote-in admission criteria not listed as choices on the survey: the most frequently reported included letters of recommendation, a personal interview, and second language fluency.

		Prog	gram Typ	е	
	ADN	LVN to ADN	BSN	ELM	Total
Admission Criteria	%	%	%	%	%
Completion of prerequisite courses	85.0%	100.0%	78.4%	87.5%	84.3%
Minimum/Cumulative GPA	73.8%	100.0%	91.9%	100.0%	82.9%
Minimum grade level in prerequisite courses	58.8%	100.0%	83.8%	87.5%	70.7%
Score on pre-enrollment exam	65.0%	85.7%	67.6%	43.8%	64.3%
Repetition of prerequisite science courses	48.8%	57.1%	43.2%	25.0%	45.0%
Validated prerequisites	65.0%	57.1%	0.0%	0.0%	40.0%
Health-related work/volunteer experience	25.0%	28.6%	48.6%	56.3%	35.0%
Recent completion of prerequisite courses	22.5%	57.1%	29.7%	37.5%	27.9%
Personal statement	5.0%	14.3%	32.4%	68.8%	20.0%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	32.5%	14.3%	0.0%	0.0%	19.3%
Criteria as defined in California Assembly Bill 1559	23.8%	0.0%	0.0%	0.0%	13.6%
Geographic location	2.5%	0.0%	27.0%	12.5%	10.0%
Other	12.5%	28.6%	43.2%	62.5%	27.1%
None	0.0%	0.0%	2.9%	0.0%	0.0%
Number of programs that reported	80	7	37	16	140

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- In generic ADN programs, random selection was nearly as common a method of selecting students for admission.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

	Program Type						
	ADN	LVN to ADN	BSN	ELM	Total		
Selection Criteria	%	%	%	%	%		
Ranking by specific criteria	45.0%	57.1%	83.3%	93.8%	61.2%		
Random selection	43.8%	28.6%	0.0%	0.0%	26.6%		
Interviews	5.0%	14.3%	22.2%	68.8%	17.3%		
First come, first served from the waiting list	17.5%	14.3%	2.8%	0.0%	11.5%		
Goal statement	1.3%	0.0%	19.4%	50.0%	11.5%		
Modified random selection	10.0%	28.6%	0.0%	0.0%	7.2%		
Rolling admissions (based on application date for the quarter/semester)	6.3%	0.0%	11.1%	0.0%	6.5%		
Other	7.5%	14.3%	16.7%	18.8%	11.5%		
Number of programs that reported	80	7	36	16	139		

Waiting List

• 6,298 applicants⁷ to pre-licensure nursing programs were placed on a waiting list in 2011-2012. It took an average of 3.6 quarters/semesters for a student to enroll after being placed on the waiting list.

	Program Type					
Waiting Lists	ADN	LVN to ADN	BSN	ELM	Total	
Qualified applicants on a waiting list	6,159	72	32	35	6,298	
Average number of quarters/semesters to enroll after being placed on the waiting list	3.9	2.7	1.0	1.5	3.6	

⁷ Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to increase slightly over the next two years.
- While LVN to ADN, BSN and ELM programs expect to see an increase in the number of new students during this time, ADN programs expect to see declines.

Current and Projected		Program Type							
New Student Enrollment	ADN	LVN to ADN	BSN	ELM	Total				
2011-2012 new student enrollment	7,140	271	5,445	821	13,677				
Expected new student enrollment given current resources									
2012-2013	6,628	308	5,869	897	13,702				
2013-2014	6,584	298	6,137	906	13,925				

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 80.6% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Insufficient number of physical facilities for classroom space was reported by nearly half of all BSN and ELM programs.
- Of the 139 programs that responded, all reported at least one barrier to expansion.

		Prog	ram Type		
	ADN	LVN to ADN	BSN	ELM	Total
Barriers to Program Expansion	%	%	%	%	%
Insufficient number of clinical sites	76.9%	85.7%	84.6%	86.7%	80.6%
Faculty salaries not competitive	55.1%	28.6%	46.2%	40.0%	49.6%
Insufficient funding for faculty salaries	60.3%	28.6%	30.8%	26.7%	46.8%
Insufficient number of qualified classroom faculty	48.7%	14.3%	35.9%	26.7%	41.0%
Insufficient number of qualified clinical faculty	46.2%	14.3%	33.3%	33.3%	39.6%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	39.7%	28.6%	23.1%	13.3%	31.7%
Insufficient number of physical facilities and space for classrooms	17.9%	0.0%	46.2%	46.7%	28.1%
Insufficient number of physical facilities and space for skills labs	17.9%	14.3%	30.8%	40.0%	23.7%
Insufficient financial support for students	15.4%	42.9%	20.5%	40.0%	20.9%
Insufficient number of allocated spaces for the nursing program	21.8%	14.3%	20.5%	6.7%	19.4%
Insufficient support for nursing school by college or university	14.1%	14.3%	5.1%	6.7%	10.8%
Other	9.0%	0.0%	7.7%	0.0%	7.2%
No barriers to program expansion	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	78	7	39	15	139

Program Expansion Strategies

- Programs that indicated a lack of clinical sites as a barrier to program expansion most frequently reported the use of human patient simulators, evening, weekend and twelvehour shifts, and community-based/ambulatory care centers, as strategies to address an insufficient number of clinical sites.
- The use of innovative skills lab experiences was a strategy frequently reported by LVN to ADN, BSN and ELM programs.
- The use of regional computerized clinical placement systems and the use of non-traditional sites were strategies frequently reported by LVN to ADN programs.

	Program Type					
		LVN to				
	ADN	ADN	BSN	ELM	Total	
Program Expansion Strategies	%	%	%	%	%	
Human patient simulators	76.7%	83.3%	72.7%	61.5%	74.1%	
Evening shifts	75.0%	83.3%	78.8%	53.8%	74.1%	
Weekend shifts	65.0%	83.3%	75.8%	92.3%	72.3%	
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	61.7%	66.7%	81.8%	76.9%	69.6%	
Twelve-hour shifts	61.7%	50.0%	63.6%	76.9%	63.4%	
Innovative skills lab experiences	46.7%	66.7%	60.6%	61.5%	53.6%	
Preceptorships	43.3%	33.3%	57.6%	46.2%	47.3%	
Regional computerized clinical placement system	40.0%	66.7%	51.5%	53.8%	46.4%	
Night shifts	21.7%	16.7%	36.4%	38.5%	27.7%	
Non-traditional clinical sites (e.g. correctional facilites)	15.0%	66.7%	30.3%	15.4%	22.3%	
Other	3.3%	0.0%	6.1%	7.7%	4.5%	
None	0.0%	0.0%	0.0%	0.0%	0.0%	
Number of programs that reported	60	6	33	13	112	

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2011-2012, a total of 85 programs reported that they were denied access to a clinical placement, unit, or shift.
- Nearly half of California's RN programs reported being denied access to clinical placements (46%, n=65) and units (47%, n=65) in 2011-2012, while approximately one-quarter (27%, n=37) were denied access to a clinical shift.
- Only one-third (32%) of the programs denied access to clinical placements, and slightly less than one-half (45%) of the programs denied access to a clinical unit were offered an alternative by the clinical site. However, a large majority of programs that were denied access to clinical shifts were offered an alternative (84%).
- The lack of access to clinical space resulted in a loss of 266 clinical placements, 131 units and 54 shifts, which affected 1,006 students.

	Program Type						
		LVN to					
Denied Clinical Space	ADN	ADN	BSN	ELM	Total		
Programs Denied Clinical Placement	35	3	20	7	65		
Programs Offered Alternative by Site	10	0	8	3	21		
Placements Lost	109	5	143	9	266		
Number of programs that reported	80	7	39	14	140		
Programs Denied Clinical Unit	36	1	22	6	65		
Programs Offered Alternative by Site	15	1	10	3	29		
Units Lost	61	1	57	12	131		
Number of programs that reported	79	7	39	14	139		
Programs Denied Clinical Shift	20	2	11	4	37		
Programs Offered Alternative by Site	18	2	8	3	31		
Shifts Lost	25	0	26	3	54		
Number of programs that reported	79	7	39	14	139		
Total number of students affected	1,006	*	*	*	1,006		

^{*}No data were reported

- Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.
- 70% of the programs that wrote-in a response of "other" reported lost preceptorships.

	Program Type						
		LVN to					
Clinical Area That Lost Placements, Shifts	ADN	AND	BSN	ELM	Total		
or Units	%	%	%	%	%		
Medical/Surgical	71.4%	66.7%	72.0%	75.0%	71.8%		
Pediatrics	32.7%	66.7%	44.0%	37.5%	37.6%		
Psychiatry/Mental Health	30.6%	0.0%	28.0%	25.0%	28.2%		
Obstetrics	24.5%	66.7%	20.0%	25.0%	24.7%		
Critical Care	18.4%	0.0%	40.0%	0.0%	22.4%		
Geriatrics	16.3%	0.0%	16.0%	12.5%	15.3%		
Community Health	2.0%	33.3%	16.0%	0.0%	7.1%		
Other	14.3%	0.0%	4.0%	12.5%	10.6%		
Number of programs that reported	49	3	25	8	85		

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- The majority of LVN to ADN, BSN, and ELM programs reported that staff nurse overload/insufficient qualified staff was limiting their ability to secure clinical space.
- Being displaced by another program was reported more frequently by ADN programs compared to other programs.

	Program Type						
	ADN	LVN to ADN	BSN	ELM	Total		
Reasons for Clinical Space Being Unavailable	%	%	%	%	%		
Competition for clinical space due to increase in number of nursing students in region	57.1%	0.0%	68.0%	62.5%	58.8%		
Staff nurse overload or insufficient qualified staff	46.9%	66.7%	64.0%	62.5%	54.1%		
Displaced by another program	53.1%	33.3%	36.0%	25.0%	44.7%		
Decrease in patient census	26.5%	33.3%	40.0%	37.5%	31.8%		
Closure, or partial closure, of clinical facility	16.3%	33.3%	44.0%	25.0%	25.9%		
Nurse residency programs	20.4%	0.0%	44.0%	50.0%	29.4%		
No longer accepting ADN students	34.7%	33.3%	0%	0%	21.2%		
Clinical facility seeking magnet status	26.5%	33.3%	0%	25.0%	18.8%		
Change in facility ownership/management	12.2%	33.3%	12.0%	12.5%	12.9%		
Implementation of Electronic Health Record system	2.0%	0%	8.0%	0%	3.5%		
Other	8.2%	33.3%	8.0%	12.5%	10.6%		
Number of programs that reported	49	3	25	8	85		

- The most frequently pursued strategy to address lost clinical space (reported by 61.2% of programs) was to replace the space at a different site currently being used by the program.
- Nearly one-half of the programs reported being able to replace lost space by adding a new clinical site (48.2%), or with replacement at the same clinical site (47.1%).

	Program Type				
		LVN to			
	ADN	ADN	BSN	ELM	Total
Strategy to Address Lost Clinical Space*	%	%	%	%	%
Replaced lost space at different site currently used by nursing program	59.2%	66.7%	68.0%	87.5%	61.2%
Added/replaced lost space with new site	40.8%	66.7%	64.0%	37.5%	48.2%
Replaced lost space at same clinical site	53.1%	33.3%	40.0%	37.5%	47.1%
Clinical simulation	28.6%	66.7%	28.0%	25.0%	29.4%
Reduced student admissions	14.3%	0.0%	0.0%	12.5%	8.2%
Other	10.2%	0.0%	0.0%	25.0%	9.4%
Number of programs that reported	49	3	25	8	85

^{*}Data collected for the first time in 2011-2012.

- 56 programs reported an increase in out-of-hospital clinical placements in 2011-2012.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall, as well as for BSN and ELM programs. Skilled nursing/rehabilitation facilities were more frequently used by ADN and LVN to ADN programs.

	Program Type				
		LVN to			
	ADN	ADN	BSN	ELM	Total
Alternative Clinical Sites	%	%	%	%	%
Public health or community health agency	36.7%	66.7%	68.4%	75.0%	51.8%
Skilled nursing/rehabilitation facility	60.0%	100.0%	26.3%	0.0%	46.4%
Outpatient mental health/substance abuse	40.0%	66.7%	42.1%	50.0%	42.9%
Medical practice, clinic, physician office	36.7%	33.3%	31.6%	25.0%	33.9%
Home health agency/home health service	33.3%	33.3%	36.8%	0.0%	32.1%
School health service (K-12 or college)	23.3%	0.0%	31.6%	100.0%	30.4%
Hospice	20.0%	33.3%	36.8%	0.0%	25.0%
Surgery center/ambulatory care center	26.7%	66.7%	10.5%	25.0%	23.2%
Urgent care, not hospital-based	23.3%	0.0%	0.0%	0.0%	12.5%
Case management/disease management	6.7%	33.3%	21.1%	0.0%	12.5%
Correctional facility, prison or jail	3.3%	0.0%	15.8%	0.0%	7.1%
Occupational health or employee health service	0.0%	0.0%	15.8%	0.0%	5.4%
Renal dialysis unit	10.0%	0.0%	0.0%	0.0%	5.4%
Number of programs that reported	30	3	19	4	56

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 80 generic ADN programs, 32.5% (n=26) reported having a separate track for LVNs and 73.8% (n=59) admit LVNs to the generic ADN program on a space available basis.
- 32 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2012 there were a total of 618 LVNs on an ADN program waitlist. These
 programs reported that on average, it takes 2 quarters/semesters for an LVN-to-ADN
 student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.
- Direct articulation of LVN coursework and credit granted for LVN coursework upon completion of ADN courses are more frequently reported by LVN to ADN programs.

	Program Type			
		LVN to		
LVN to RN Articulation	ADN	ADN	BSN	Total
Bridge course	80.6%	71.4%	36.4%	70.3%
Use of skills lab course to document competencies	51.4%	57.1%	54.5%	52.5%
Direct articulation of LVN coursework	45.8%	57.1%	31.8%	43.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	41.7%	42.9%	31.8%	39.6%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	25.0%	28.6%	27.3%	25.7%
Specific program advisor	22.2%	42.9%	31.8%	25.7%
Other	11.1%	0.0%	13.6%	10.9%
Number of programs that reported	72	7	22	101

LVN to BSN Education

- Ten BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
 - These programs received 368 qualified applications for 585 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
 - The most common criteria for admission to an LVN to BSN program was minimum/cumulative GPA, followed closely by minimum grade level in prerequisite courses and completion of prerequisite courses.

LVN to BSN Admission Criteria	# LVN to BSN Programs
Minimum/Cumulative GPA	8
Minimum grade level in prerequisite courses	7
Completion of prerequisite courses	7
Score on pre-enrollment test	6
Repetition of prerequisite science courses	1
Health-related work experience	3
Geographic location	2
Recent completion of prerequisite courses	2
Personal statement	0
Other	3
None	0
Number of programs that reported	10

 Ranking by specific criteria and rolling admissions were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

LVN to BSN Selection Criteria	# LVN to BSN Programs
Ranking by specific criteria	5
Rolling admissions (based on application date for the quarter/semester)	3
Interviews	1
Goal statement	1
First come, first served from the waiting list	1
Other	0
Number of programs that reported	10

Partnerships

• 50 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree.

	Program Type					
	LVN to					
	ADN	ADN	BSN	ELM	Total	
	#	#	#	#	#	
Partnerships	Programs	Programs	Programs	Programs	Programs	
Collaborative/shared programs leading to higher degree	40	2	7	1	50	

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (33.8%) of ADN programs reported having NLNAC accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 92.3% (n=36) of BSN programs and 93.8% (n=15) of ELM programs have CCNE accreditation.

	Program Type					
		LVN to				
	ADN	ADN	BSN	ELM	Total	
	% Eligible	% Eligible	% Eligible	% Eligible	% Eligible	
Professional Accreditation	Programs	Programs	Programs	Programs	Programs	
NLNAC	33.8%	0.0%	5.1%	6.3%	21.1%	
CCNE	NA*	NA*	92.3%	93.8%	92.7%	
Not accredited by NLNAC or CCNE	66.2%	100%	2.6%	6.3%	43.7%	
Number of programs that reported	80	7	39	16	142	

^{*} NA - Not Applicable, CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2011-2012, 89.3% (n=9,296) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for generic ADN programs.

	Program Type					
		LVN to				
	ADN	ADN	BSN	ELM	Total	
First Time NCLEX* Pass Rate	90.0%	85.4%	88.7%	88.9%	89.3%	
# Students that took the NCLEX	5,894	226	3,720	568	10,408	
# Students that passed the NCLEX	5,300	193	3,298	505	9,296	

^{*}These data represent nursing students who took the NCLEX for the first time in the past five years.

- Overall, pass rates in accelerated programs were slightly lower than those in traditional programs; 89.0% (n=1,065) of nursing students in an accelerated track who took the NCLEX for the first time in 2011-2012 passed the exam.
- In 2011-2012, accelerated ADN programs had a lower average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was comparable to that of traditional BSN programs.

	Program Type**				
Accelerated Track	ADN	BSN	Total		
First Time NCLEX* Pass Rate	85.8%	89.9%	89.0%		
# Students that took the NCLEX	268	929	1,197		
# Students that passed the NCLEX	230	835	1,065		

^{*}These data represent nursing students who took the NCLEX for the first time in the past five years.

** No LVN to ADN or ELM programs reported data in this area.

School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not reported by degree type. As a result, this breakdown is not available.

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- About 44% (n=58) of nursing schools reported that academic failure had the greatest impact on student attrition, while 37% (n=49) of schools reported that personal reasons had the greatest impact on student attrition.

Factors Impacting Student Attrition	Average Rank*
Academic failure	2.0
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	2.9
Financial need	3.1
Change of major or career interest	4.1
Transfer to another school	4.5

^{*}The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

Methods Used to Increase Student Retention

 Student success strategies such as mentoring, remediation, tutoring, and personal counseling were reported as the most common methods used to increase student retention.

Methods Used to Increase Student Retention	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	96.1%
Personal counseling	82.7%
Program revisions (e.g. curriculum revisions)	45.7%
New admission policies instituted	37.8%
Increased financial aid	33.1%
Increased child care	2.4%
Other	9.4%
None	1.6%
Number of schools that reported	127

Innovations Used to Expand the Nursing Program

 Simulation training, use of adjunct faculty, and grants were reported as the most common methods used to expand the nursing program.

Innovations Used to Expand the Nursing Program	% Schools
Simulation training	65.9%
Use of adjunct faculty	61.9%
Grants	54.8%
Evening schedule	27.0%
Weekend schedule	26.2%
Accelerated/ year-round program	17.5%
Shared faculty	13.5%
Extended campuses	11.1%
Distance Education (e.g. online, interactive video)	11.1%
Part-time program	3.2%
Other	7.9%
None	16.7%
Number of schools that reported	126

Access to Prerequisite Courses

- 69 nursing schools (52.3%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students.
- Adding science course sections, agreements with other schools for prerequisite courses, and accepting online courses from other institutions were reported as the most common methods used to increase access to prerequisite courses for these students.

Prerequisite Access for Pre-Nursing Students	% Schools
Adding science course sections	44.4%
Agreements with other schools for prerequisite courses	42.9%
Accepting online courses from other institutions	34.9%
Offering additional prerequisite courses on weekends, evenings, and summers	30.2%
Providing online courses	22.2%
Transferable high school courses to achieve prerequisites	14.3%
Prerequisite courses in adult education	1.6%
Other	6.3%
Number of schools that reported	63

Restricting Student Access to Clinical Practice

- 101 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and bar coding medication administration.
- Schools reported that it was uncommon to have students face the following types of restrictions: direct communication with health care team members, access to alternative settings due to liability issues, use of glucometers and IV medication administration.

	Percentage of Schools (%)				#	
Type of Restricted Access	Very Uncommon	Uncommon	Common	Very Common	N/A	Schools
Clinical site due to visit from accrediting agency (Joint Commission)	5.9%	19.8%	38.6%	35.6%	0.0%	101
Student health and safety requirements	22.2%	30.3%	21.2%	23.2%	3.0%	99
Bar coding medication administration	9.3%	18.6%	41.2%	29.9%	1.0%	97
Electronic Medical Records	8.3%	19.8%	52.1%	17.7%	2.1%	96
Glucometers	27.1%	37.5%	18.8%	12.5%	4.2%	96
Automated medical supply cabinets	15.5%	35.1%	23.7%	13.4%	12.4%	97
IV medication administration	20.4%	40.8%	24.5%	7.1%	7.1%	98
Some patients due to staff workload	19.2%	39.4%	23.2%	15.2%	3.0%	99
Direct communication with health team	39.8%	38.8%	13.3%	3.1%	5.1%	98
Alternative setting due to liability	20.4%	38.8%	14.3%	9.2%	17.4%	98

 The most common clinical practice areas in which students faced restrictions were Medical Surgical, Pediatrics, and Obstetrics.

Clinical Area of Restricted Access	% Schools
Medical/Surgical	88.1%
Pediatrics	81.2%
Obstetrics	71.3%
Critical Care	60.4%
Psychiatry/Mental Health	55.4%
Geriatrics	36.6%
Community Health	17.8%
Other Department	2.0%
Number of schools that reported	101

Funding of Nursing Program

 On average, schools reported that about 75% of funding for their nursing programs comes from the operating budget of their college or university, while approximately 16% of funding comes from government sources.

Funding of Nursing Program	% Schools
Your college/university operating budget	76.7%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	15.6%
Industry (i.e. hospitals, health systems)	4.2%
Foundations, private donors	1.6%
Other	2.0%
Number of schools that reported	123

RN Refresher Course

• In 2011-2012, five nursing schools offered an RN refresher course, and 129 students completed one of these courses.

Clinical Simulation Center

- 128 of 132 nursing schools (97%) reported using a clinical simulation center in 2011-2012.
- Of the 128 schools that used clinical simulation centers in 2011-2012, 65.6% (n=84) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Educational Techniques of Clinical Simulation	% Schools
Clinical scenarios	99.2%
Debriefing as part of the simulation experience	97.6%
Hi-fidelity mannequin	92.8%
Students in uniforms	92.0%
A student preparation phase as part of the simulation experience	92.0%
Videotaping	69.6%
Enclosed simulation room replicating the clinical environment with observation window(s)	65.6%
Number of schools that reported	125

• Approximately 97% of schools that use a clinical simulation have facilities on campus at the nursing school.

Location of Clinical Simulation	% Schools
On campus at the nursing school	96.8%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	12.0%
Other	4.0%
Number of schools that reported	125

• Schools most frequently staff clinical simulation with full-time or part-time staff, or a clinical simulation coordinator.

Staffing Clinical Simulation	% Schools
Full-time or part-time staff	70.4%
RN clinical simulation coordinator (in addition to RN course faculty)	67.2%
Clinical simulation technician	42.4%
Other	16.8%
Number of schools that reported	125

• The most frequently reported reasons for using a clinical simulation center were to standardize clinical experiences (88%), to provide clinical experience not available in a clinical setting (80.8%), and to check clinical competencies (76%).

Use of a Clinical Simulation Center	% Schools
To standardize clinical experiences	85.9%
To provide clinical experience not available in a clinical setting	78.9%
To check clinical competencies	74.2%
To make up for clinical experiences	58.6%
To provide interdisciplinary experiences	44.5%
To increase capacity in your nursing program	14.1%
To provide collaborative experiences between hospital staff and students	10.9%
Number of schools that reported	128

- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- Nearly one-third (32%) of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Development of Hi-Fidelity Scenarios	% Schools
By faculty	80.0%
Modified from purchased scenarios	76.0%
Purchased	68.8%
Regional or statewide alliance	32.0%
Shared with another nursing program	16.8%
Other	3.2%
Number of schools that reported	125

- Medical/Surgical, pediatrics, fundamentals, and obstetrics are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 15% of clinical time in medical/surgical and 12% of clinical time in pediatrics, fundamentals and obstetrics.

Content Areas Taught in the Clinical Simulation Center	% Schools	Average % of Content Taught in Simulation
Medical/Surgical	99.2%	15.3%
Pediatrics	84.6%	12.2%
Fundamentals	83.7%	12.0%
Obstetrics	78.0%	11.5%
Geriatrics	66.7%	9.4%
Psychiatry/Mental Health	48.0%	8.8%
Leadership/Management	35.8%	7.8%
Other	12.2%	16.9%
Number of schools that reported	123	115

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (80)

American River College Antelope Valley College Bakersfield College Butte Community College

Cabrillo College Cerritos College Chabot College Chaffey College Citrus College

City College of San Francisco

College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College

Cuesta College Cypress College De Anza College

East Los Angeles College

El Camino College - Compton Education Center

El Camino College Everest College

Evergreen Valley College Fresno City College

Glendale Community College

Golden West College Grossmont College Hartnell College Imperial Valley College *ITT Technical Institute

Kaplan College (formerly Maric College)

Long Beach City College Los Angeles City College

Los Angeles County College of Nursing & Allied

Health

Los Angeles Harbor College Los Angeles Southwest College Los Angeles Trade-Tech College Los Angeles Valley College Los Medanos College Mendocino College Merced College Merritt College

Mira Costa College (formerly LVN to ADN)

†Modesto Junior College Monterey Peninsula College

Moorpark College

Mount Saint Mary's College Mount San Antonio College Mount San Jacinto College

Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College

Pierce College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College

San Bernardino Valley College San Diego City College San Joaquin Delta College

San Joaquin Valley College

Santa Ana College

Santa Barbara City College Santa Monica College Santa Rosa Junior College

Shasta College Shepherd University Sierra College

Solano Community College Southwestern College

Ventura College Victor Valley College

West Hills College Lemoore

Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College (formerly Western
Career College – Sacramento)
College of the Siskiyous
Gavilan College

Mission College Reedley College at Madera Community College Center Unitek College

BSN Programs (39)

American University of Health Sciences Azusa Pacific University **Biola University** California Baptist University CSU Bakersfield tCSU Channel Islands **CSU Chico CSU East Bay** CSU Fresno **CSU Fullerton** CSU Long Beach **CSU** Los Angeles CSU Northridge **CSU Sacramento †CSU San Bernardino †CSU San Marcos †CSU Stanislaus** Concordia University Irvine Dominican University of California Holy Names University

Humboldt State University Loma Linda University Mount Saint Mary's College †National University Point Loma Nazarene University **†Samuel Merritt University** San Diego State University †San Francisco State University Simpson University Sonoma State University University of California Irvine University of California Los Angeles University of Phoenix - Northern California University of San Francisco The Valley Foundation School of Nursing at San Jose State University West Coast University - Inland Empire West Coast University - Los Angeles West Coast University - Orange County Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
*Charles R. Drew University
†Samuel Merritt University

†San Francisco State University
United States University
(formerly InterAmerican College)
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

[†] Reported student data for satellite campuses

^{* -} New programs in 2011-2012

APPENDIX B - Definition List

Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Accelerated Program: An Accelerated Program's curriculum extends over a shorter timeperiod than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.

Active Faculty: Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

Adjunct Faculty: A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

Advanced Placement Students: Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but does not include students who transferred or were readmitted.

Assembly Bill 1559 Criteria: Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2011 and July 31, 2012, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2012.

Clinical Placement: A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

Clinical Simulation: Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Collaborative/Shared Education: A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2011 and July 31, 2012.

Contract Education: A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

Distance Education: Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).

Entry-level Master's (ELM): A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

Evening Program: A program that offers all program activities in the evening (i.e. lectures, etc.). This does not include a traditional program that offers evening clinical rotations.

Full-Time Equivalents (FTEs): One FTE is equal to 40 hours per week.

Full-Time Faculty: Faculty that work 1.0 FTE, as defined by the school.

Generic Pre-licensure Students: Students who enter the program in the first nursing course.

Hi-Fidelity Mannequin: A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

Home Campus: The campus where your school's administration is based. Include data here about any satellite campuses if they are located in the same county as your home campus.

LVN to BSN Program: A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

LVN 30 Unit Option Students: LVNs enrolled in the curriculum for the 30-unit option.

Part-Time Faculty: Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.

Readmitted Students: Returning students who were previously enrolled in your program.

Retention Rate: The total number of generic students who completed the program between August 1, 2011 and July 31, 2012 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Shared Faculty: A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2011 and July 31, 2012.

Time Period for the Survey: August 1, 2011 - July 31, 2012. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

Weekend Program: A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Education Issues Workgroup

BRN Education Issues Workgroup Members

Members Organization

Loucine Huckabay, Chair California State University, Long Beach

Audrey Berman Samuel Merritt University
Liz Close Sonoma State University

Brenda Fong Community College Chancellor's Office

Patricia Girczyc College of the Redwoods Marilyn Herrmann Loma Linda University

Deloras Jones California Institute for Nursing and Health Care

Stephanie Leach Kaiser Foundation Health Plan

Judy Martin-Holland University of California, San Francisco

Tammy Rice Saddleback College

Ex-Officio Member

Louise Bailey California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock California Board of Registered Nursing

